

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 116

Primary Registration District No. 3020

Registrar's No. 244

63-039465
STATE FILE NUMBER

FILED NOV 13 1963

1. PLACE OF DEATH

a. COUNTY

Franklin

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Franklin

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN Washington

Length of stay in 1b
3 weeks

c. CITY
OR
TOWN Union

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION St Francis Hospital

Inside Limits
Yes ☒ No ☐

d. STREET
ADDRESS (If outside, give location)
905 N Church

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First
DAVID

Middle
JOHN

Last
BECKMANN

4. DATE
OF
DEATH

Month Day Year
November 7 1963

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
2 Sept 83

9. AGE (last birthday)
80

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
Factory worker

10b. KIND OF BUSINESS OR INDUSTRY
Shoe industry

11. BIRTHPLACE (City and state or country)
Villa Ridge, Mo.

12. CITIZEN OF WHAT COUNTRY
U S A

13a. FATHER'S NAME

Henry Beckmann

13b. MOTHER'S MAIDEN NAME

Catherine Patke

14. NAME OF HUSBAND OR WIFE

Kathryn Beckmann

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

905 Church Union, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

MULTIPLE EMBOLI OF LUNG, SPLEEN

INTERVAL BETWEEN
ONSET AND DEATH
3 WEEKS

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

AND OTHER ORGANS DUE TO

DUE TO (c)

ATHEROSCLEROTIC HEART DISEASE WITH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)
MURAL THROMBOSIS OF HEART

PART III. If deceased was female was
there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 10/14/63 to 11/7/63 and last saw her alive on 11/7/63
Death occurred at 5:45 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

Burial

9 Nov 63

Immaculate Conception

Union, Missouri

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Stanley E Meyer Union, Mo.

11/9/63

Leola C. Hoffmann

DEC 3 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Stanley E. Meyer

Licensed Embalmer No. 4639

P. O. Address Union, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.